

**Mississippi Secretary of State**  
700 North Street P. O. Box 136, Jackson, MS 39205-0136

**ADMINISTRATIVE PROCEDURES NOTICE FILING**

AGENCY NAME Public Employees' Retirement system		CONTACT PERSON Jane L. Mapp	TELEPHONE NUMBER 601-359-3592	
ADDRESS 429 Mississippi Street		CITY Jackson	STATE MS	ZIP 39201
EMAIL JMapp@pers.ms.gov	SUBMIT 10/24/12	Name or number of rule(s): Regulation 35		

1. Short explanation of rule/amendment/repeal and reason(s) for proposing rule/amendment/repeal: Proposed Amendment: 1) Amend § 101.2.b to incorporate the changes to the names and numbers of the forms that comprise the Application for Disability Retirement; 2) Add §§ 101.3.f, 101.3.g, 101.3.i, and 101.3.j to incorporate certain existing administrative procedures relative to the payment of dependent child survivor benefits; and 3) Add § 101.3.h to provide that dependent child survivor benefits will be terminated when a child is no longer enrolled as a full-time student and to grant the executive director the discretionary authority to approve the reinstatement of dependent child survivor benefits in certain limited circumstances based on objective documentation provided by the claimant.

Specific legal authority authorizing the promulgation of rule: 25-22-16(6)

List all rules repealed, amended, or suspended by the proposed rule: Regulation 35

**ORAL PROCEEDING:**

☐ An oral proceeding is scheduled for this rule on Date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

X Presently, an oral proceeding is not scheduled on this rule.

If an oral proceeding is not scheduled, an oral proceeding must be held if a written request for an oral proceeding is submitted by a political subdivision, an agency or ten (10) or more persons. The written request should be submitted to the agency contact person at the above address within twenty (20) days after the filing of this notice of proposed rule adoption and should include the name, address, email address, and telephone number of the person(s) making the request; and, if you are an agent or attorney, the name, address, email address, and telephone number of the party or parties you represent. At any time within the twenty-five (25) day public comment period, written submissions including arguments, data, and views on the proposed rule/amendment/repeal may be submitted to the filing agency.

**ECONOMIC IMPACT STATEMENT:**

X Economic impact statement not required for this rule. ☐ Concise summary of economic impact statement attached.

TEMPORARY RULES	PROPOSED ACTION ON RULES	FINAL ACTION ON RULES
_____ Original filing _____ Renewal of effectiveness To be in effect in _____ days Effective date: _____ Immediately upon filing _____ Other (specify): _____	Action proposed: _____ New rule(s) X Amendment to existing rule(s) _____ Repeal of existing rule(s) _____ Adoption by reference Proposed final effective date: _____ 30 days after filing X Other (specify): <u>Feb. 1, 2013</u>	Date Proposed Rule Filed: _____ Action taken: _____ Adopted with no changes in text _____ Adopted with changes _____ Adopted by reference _____ Withdrawn _____ Repeal adopted as proposed Effective date: _____ 30 days after filing _____ Other (specify): _____

Printed name and Title of person authorized to file rules: Jane L. Mapp, Special Assistant Attorney General

Signature of person authorized to file rules: /s/ *Jane L. Mapp*

OFFICIAL FILING STAMP	DO NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	OFFICIAL FILING STAMP
		
Accepted for filing by	Accepted for filing by <i>JLM</i>	Accepted for filing by

The entire text of the Proposed Rule including the text of any rule being amended or changed is attached.